

KIHA

Life Builders Application Process

The application process for KIHA's Young Adult Transitional Housing Program, Life Builders, includes the following steps.

1. Fill out the initial application
2. Write an autobiography using the format that is included with the application
3. Interview 1
4. Fill out a resume with assistance from Life Builders Staff
5. Interview 2
6. Decision for admission made by Administrative Committee to include Housing Director, Services Coordinator, and Finance Director

Life Builders applicants will be rated on the following points:

1. Native preference
2. Low Income preference
3. Transition from village to town preference
4. Falls within the age range 18–24 years
5. Ability to pass a drug screen
6. Strong desire to become self sufficient
7. Strong desire to complete secondary education
8. Strong desire to engage in post secondary education/training
9. Willingness to comply with the expectations of the program

KIHA
Life Builders Application
Autobiography Format

This form is a structured outline to assist you in creating a comprehensive autobiography. You may choose to use a format different from this, but the questions asked here are the areas you need to cover. If your autobiography is hand written, please make sure it is legible.

1. **Personal Information:** Identify yourself with full name, birth date, and present age. Describe your physical characteristics (height, weight, ancestry, eye and hair color etc.) Describe your personality. How do you view yourself? How would your friends describe you? What are your best qualities and strengths? What are the qualities or characteristics you feel you need to work on or improve?
2. **Family:** What are the names and ages of your mother, father, stepparents, brothers, and sisters? Describe where each family member now lives, his or her occupation and any characteristics you believe are important. Describe your experience in your family.
3. **Parents:** Describe each of your parents and your relationship with them during your growing-up years. Describe the type of discipline your parents used with you and how you felt about their methods. Which parents or caretakers made the decisions in your family and who carried out these decisions? How are you similar to or different from your parents in personality and attitude? How were you raised overall and what would you do differently in raising your own children?
4. **Brothers and Sisters (Whole, Half, Adopted, and Step):** Describe your relationship growing up with each of your siblings. Which of your siblings are you the closest to and why? Which sibling do you have the least contact with and why?
5. **Other Meaningful People in Your Life:** Describe briefly others who have had a special impact on your life growing up and why. Do you maintain contact with any of these individuals and if so, how often?
6. **Friends:** Who are your friends? What about them do you like or dislike? What do you and your friends do together?
7. **Home Environment:** Describe the level of affection shown in your home. How did your family communicate? Include non-verbal communication such as periods of silence, etc. Describe family activities you participated in and how you felt about these activities.
8. **School Experience:** Where did you attend school and when? Did you like or dislike school? What's your attendance record? What subjects or interests were your favorites and why? What were your grades? What school activities did you enjoy and why? How many years of school have you completed? What are your educational goals?

9. **Significant Work Experience:** Describe jobs you have had. What did you like or dislike about these jobs?
10. **Present Employment:** List your current employer and dates of employment. Describe briefly your responsibilities. What are your career goals? If you could do anything what would it be?
11. **Medical:** List any serious injury, illness, or hospitalization you have had. Are you currently taking any type of medication?

Have you had counseling or psychiatric treatment? If so, please describe what type of treatment (out-patient, hospitalization, etc.) and reasons for the treatment.

Have you used any type of drugs or alcohol? When was the last time you used? How did substance use affect your life? Have you been in treatment? Are you currently using?

12. **Lifestyle and Activities:** How do you spend your leisure time? Describe your individual interests and hobbies. Do you have or have you ever had family pets? Describe any sports or athletic events you enjoy or have participated in and your role in these events.
13. **Legal Information:** Are you currently a United States Citizen? If not, do you hold a resident alien card? List and describe any misdemeanor or felony convictions you have had to date. Are you currently or have you ever been on informal or formal probation?

Have you ever been accused, charged, or convicted of physical or sexual abuse? Have you ever been placed in an institutional setting? Describe briefly any offence related to the use of drugs or alcohol that you have been involved in to date.

14. **Why are you applying to Life Builders:** What do you hope to gain? What can you offer the other residents in the program?

**Kodiak Island Housing Authority
Life Builders**

Young Adult Transitional Housing Program Application

Today's Date _____

General Information

Name _____ Current Phone

Number _____

Current

Address _____

Email Address _____

Date of Birth ____/____/____ Age ____ Sex: ____ Male ____ Female

Birthplace (City and State) _____

What was your most recent living situation?

- | | | |
|---|---|---|
| <input type="checkbox"/> Covenant House | <input type="checkbox"/> Mental Health Facility | <input type="checkbox"/> Friends /relatives |
| <input type="checkbox"/> Street | <input type="checkbox"/> Rental Housing | <input type="checkbox"/> Drug Treatment |
| <input type="checkbox"/> Medical Hospital | <input type="checkbox"/> Parents | <input type="checkbox"/> other (specify) |

Emergency Contact:

Name _____

Relationship _____

Phone (Home) _____ Phone

(work) _____

Street Address (street and number, city, state and zip code) _____

Ethnicity (Check all that apply)

African American Alaskan Native- Corporation _____

Hispanic Native American (specify tribe) _____

Caucasian Asian/Pacific Islander

Other (specify) _____

Identification

	Document Number	Issuing Authority
Social Security Card		
Birth Certificate		
Drivers License/State ID Card		
School ID Card		
Military Dependent ID Card		
Medical Insurance Card		
Employment Authorization		

Income

What is your monthly income (total before taxes):

- \$0
- \$1 - \$250
- \$251 - \$500
- \$501 - \$1000
- \$1001 - \$1500
- \$1501 - \$2000
- \$2001 +

Are you currently employed? Yes__ No__

If yes, what is the name of the company you work for? _____

Supervisor's Name: _____

Work address _____ Work phone _____

Current wage \$ _____/hourly Hours per week _____

Current source(s) of income (check all that apply):

- SSI
- Social Security
- Public Assistance
- SSDI
- Veteran's Benefit
- Assistance from family
- Employment Income
- Child Support
- Unemployment income
- AFDC
- Native Corporation
- Food Stamps
- Medicare
- None
- Medicaid
- Other (Specify) _____

Education

Do you have your high school diploma? Yes_____ No_____

If yes, date of graduation: ____/____/____

What was the last grade you attended? _____

What school did you last attend? _____

Please explain why you left: _____

Do you have your GED? Yes_____ No_____

If yes, date of completions: ____/____/____

Legal History

Have you ever been charged with a crime(s)? Yes _____ No _____

If yes, please specify: _____

Have you ever been convicted of a crime(s)? Yes _____ No _____

If yes, please specify: _____

Are you currently on probation or parole? Yes _____ No _____

Name of probation/parole officer: _____ Phone: _____

Name of Public Defender/Attorney _____ Phone: _____

Do you have any outstanding warrants? Yes _____ No _____

If yes, please specify: _____

Do you have any court dates pending? Yes _____ No _____

If yes, please specify: _____

Medical History

Have you ever been hospitalized? Yes _____ No _____

If yes, please explain _____

Do you have any current physical health problems? Yes _____ No _____

If yes, please explain _____

Are you currently taking any medication for a physical condition? Yes ___ No ___

Name of Medication(s): _____

Do you have any allergies? Yes _____ No _____

If yes, please describe: _____

Do you have any other special needs we should be aware of? Yes ___ No ___

If yes, please explain: _____

Are you currently pregnant? Yes _____ No _____

If yes, what is your expected due date? _____

Doctor's Name _____ Phone _____

Mental Health History

Have you ever received inpatient mental health services? Yes _____ No _____

If yes, please explain the circumstances: _____

Location: _____ Date: _____

Have you ever been in counseling? Yes _____ No _____

If yes, please explain the circumstances: _____

Location: _____ Date: _____

Are you currently taking any medication(s) for mental health reasons? Yes ___ No ___

Name of medication(s): _____

Substance Use History

Have you ever received inpatient treatment for drug or alcohol abuse? Yes ___ No ___

Location: _____ Date: _____

Have you ever been in counseling for drug or alcohol abuse? Yes ___ No ___

Location: _____ Date: _____

Family Information

Mother/Guardian Name: _____

Father/ Guardian Name _____

Do you have any brothers or sisters? Yes ___ No ___ If yes, how many? ___

What is your current marital status? Never married ___ Divorced ___ Separated ___

Do you have any children? Yes ___ No ___

If yes, names? _____ Age _____

_____ Age _____

_____ Age _____

With whom are they living?

Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Thank you for your interest in the KIHA Life Builders Transitional Living Program.

Please return this application to:

Kodiak Island Housing Authority

Attn: Julie Hill

3137 Mill Bay Road

Kodiak, AK 99615

907-486-8111

Fax: 907-486-4432

Kodiak Island Housing Authority

3137 Mill Bay Road Kodiak, Alaska 99615
Telephone: (907)486-8111 Toll free: 1 (800) 478-5442 Fax: (907)486-4432

Authorization for Release of Information

Printed name of Head of Household applicant: _____

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Kodiak Island Housing Authority (KIHA) any information or materials needed to complete and verify my application for, or participate in, any KIHA assisted housing program. Verifications and inquiries that may be requested include, but are not limited to:

- * IDENTITY AND MARITAL STATUS
- * CREDIT HISTORY
- * POLICE RECORDS AND CRIMINAL HISTORY
- * EMPLOYMENT INCOME
- * RESIDENCES AND RENTAL ACTIVITY
- * INCOME FROM ANY SOURCE
- * ASSETS OF ANY KIND, INCLUDING ASSETS ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS
- * MEDICAL & CHILD CARE PROVIDERS

Agencies or Individuals That KIHA May Contact

- * PAST AND PRESENT LANDLORDS
- * COURTS AND POST OFFICES
- * SCHOOLS AND COLLEGES
- * LAW ENFORCEMENT AGENCIES
- * UTILITY COMPANIES
- * VETERANS ADMINISTRATION
- * FINANCIAL INSTITUTIONS
- * AK PERMANENT FUND CORPORATION
- * PRIVATE SOCIAL SERVICE AGENCIES
- * PERSONAL REFERENCE
- * PAST AND PRESENT EMPLOYERS
- * DEPT. OF HEALTH & SOCIAL SERVICES
- * DEPT. OF LABOR
- * INTERNAL REVENUE SERVICE
- * DEPT. OF EDUCATION
- * PUBLIC RECORDS
- * SOCIAL SECURITY ADMINISTRATION
- * MEDICAL AND CHILD CARE PROVIDERS
- * PENSION OR RETIREMENT SYSTEMS
- * PAYEES, TRUSTEES

AUTHORIZATION AND CONSENT: I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for a housing program. I understand that this authorization will not be used for any information that is not pertinent to my application for housing. I consent to verification and give permission for a photocopy of my signature below be used and accepted as though it were an original signature. This authorization will expire 15 months from the date signed.

Signature of Applicant Date Signed: _____
Printed Name of Applicant: _____

Signature of Applicant Date Signed: _____
Printed Name of Applicant: _____

Signature of Applicant Date Signed: _____
Printed Name of Applicant: _____